



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure No.: MSP 4.5.100	Subject: SUICIDE RISK MANAGEMENT		
Reference: DOC Policy No.4.5.20		Page 1 of 6, plus 2 attachments	
Effective Date: July 12, 2004		Revision: (new effective date) February 27, 2013	
Signature / Title: Leroy Kirkegard / Warden			

I. PURPOSE

To maintain and implement procedures and practices designed to identify and manage inmates at risk of engaging in self-harm behavior.

II. DEFINITIONS

Incapacitated - refers to an inmate who has attempted suicide, is hanging, not moving, appears dead, or is having a seizure.

III. PROCEDURES:

A. Training

1. MSP will adhere to national standards by training staff to identify suicide risk factors, implement emergency first aid, and manage a suicide attempt in progress.
2. MSP will maintain suicide risk management training materials that are up to date and approved for use by the MSP Mental Health Services Manager. MSP Training staff will ensure self-study materials on the management of self-harm and suicide risk behaviors are available to all staff.
3. MSP Training staff will ensure all staff are trained in identification of suicide risk factors, responding to a potentially suicidal inmate, referring an inmate for mental health assessment, intervening in a suicide attempt, and implementing first aid procedures during pre-service training.
4. Staff will attend an in-service refresher training class on suicide risk management at least every two years and are encouraged to complete a self-study course in the management of an inmate's suicide risk.
5. Mental health staff will be adequately trained and experienced in conducting suicide risk assessments.
6. Staff will carry emergency CPR pouches that contain reserve breathing kits and latex gloves.

B. Identification

MSP will maintain and implement screening procedures designed to identify inmates at risk for self-harm/suicide including:

1. All staff will monitor all inmates for self-harm / suicide risk factors (*see attachment A*) and, if there is any concern about self-harm / suicide risk, refer them to mental health staff for assessment of self-harm / suicide risk.
2. Admissions staff will ask each newly received inmate about self-harm / suicidal thoughts, plans, and intentions during the initial intake screening process. Health Services staff will complete an intake health screening as outlined in *DOC 4.5.13, Intake / Reception Health Screening*.
3. Mental health staff will screen each newly admitted inmate for self-harm / suicide risk.
4. Admissions staff will instruct newly received inmates to report any knowledge of another inmate's self-harm/suicidal thoughts, plans, intentions, and/or behaviors to a staff

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member, and notify them that failure to do so may subject them to disciplinary consequences for conspiring or assisting in another inmate's self-harm/suicidal behavior.

5. Mental health department staff will screen each recently segregated inmate, and will regularly make personal contact with inmates in Temporary Lockup, Detention, Special Management, Maximum Security, and Administrative Segregation with the intent of trying to identify self-harm/suicide risk.

C. Referrals

1. All staff will monitor all inmates for self-harm/suicide signs, symptoms, and risk factors (*see attachment A*). If a staff member has any concerns about an inmate being a self-harm/suicide risk they will complete an Incident Report form, fill out a *Montana State Prison Emergency Interview Questionnaire (attachment B)*, and notify their supervisor, the Shift Commander, and mental health department staff.
2. Infirmary staff will evaluate inmates in locked housing as outlined in *DOC 4.5.21, Locked Housing Offender Health Evaluation*.
3. Mental health department staff will address all staff referrals for self-harm / suicide risk assessment.
4. Mental health department staff will review and address all self-referrals from inmates who might be at risk for self-harm / suicide.
5. Mental health department staff will maintain an emergency mental healthcare system that provides emergency professional assessment and consultation with respect to the management of an inmate's self-harm / suicide risk.

D. Evaluation

1. Mental health department staff will implement standard assessment techniques and procedures in the evaluation of an inmate's self-harm / suicide risk.
2. If the evaluation determines that an inmate is at risk, mental health department staff will assign a suicide risk category (no elevation, moderate, high) based on his current level of suicide risk, and prepare a specific monitoring and management plan, including who is responsible for implementing the plan. The management plan shall include the provision of mental health treatment and observation of inmates.
3. Findings from the evaluation will be thoroughly documented and maintained in the healthcare record.
4. Mental health department staff assigned to assess and manage an inmate's self-harm / suicide risk will regularly consult with other professionals in order to enhance the quality of the assessment and plan.

E. Housing, Monitoring, and Management

1. MSP maintains cells for inmates who are at an increased risk for self-harm / suicide, including those designed for close or constant observation and/or video surveillance.
2. Mental health department staff may temporarily override an inmate's objective classification in order for them to be housed in an observation cell / area with the intent of managing their self-harm/suicide risk.
3. Mental health department staff, in conjunction with medical and correctional staff, will implement procedures to monitor inmates who are assessed as being an increased risk for self-harm / suicide.
4. Mental health department staff will determine the level of monitoring needed, corresponding to the level of self-harm / suicide risk. This includes a full range of monitoring, from constant direct observation to routine observation in general population.

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5. MSP will maintain an adequate supply of safety clothing designed for the safety of inmates who are at an increased risk for self-harm / suicide, including suicide resistant gowns and mattresses. This clothing will be exchanged for the regularly issued clothing when deemed appropriate by mental health staff.
6. Mental health department staff that are responsible for the management of an inmate's self-harm / suicide risk will follow standards of care in the assessment and management of self-harm / suicide risk. This includes a thorough assessment, consideration of all levels of intervention, and development of a detailed management plan. The management plan will specify the risk level, necessary precautions, recommended housing, monitoring needs, and follow-up plan.
7. To help manage the self-harm / suicide risk, mental health staff will document and communicate individual management plans to the staff who will be implementing the plan.

F. Communication

1. Admissions staff will notify all newly received inmates that otherwise confidential mental health information may be disclosed to family members and correctional staff. Correctional staff need the information in order to attempt to preserve inmate lives and manage self-harm / suicide risk. Family members need the information in order to support the inmate and keep them accountable.
2. Mental health department staff that are responsible for managing an inmate's risk for self-harm / suicide will verbally communicate information to administrative and correctional staff that are involved in the management of the inmate's self-harm / suicide risk.
3. Mental health department staff involved in screening an inmate's risk may provide written information to administrative and correctional staff designed to increase communication about an inmate's self-harm / suicide risk and the plans to manage that risk.
4. Mental health department staff will communicate the special needs of inmates with serious mental disorders and make recommendations concerning the most appropriate management of these inmates, including housing assignments, work assignments, disciplinary measures, and transfers.
5. Mental health department staff will develop and maintain regular communication with administrative and other staff in order to better identify inmates who may be at risk for self-harm / suicide.

G. Emergency Intervention

1. All MSP and MCE staff will be trained in emergency first aid procedures.
2. Inmates in close proximity to an inmate attempting suicide are expected to assist in bringing that inmate's behavior to the attention of correctional staff and assist staff as directed.
3. Staff will apply the following principles and procedures when responding to inmates who are found incapacitated or are engaging in self-harm / suicide attempts.
 - a. The following principles should guide staff actions:
 - 1) When an inmate is found incapacitated, the preservation of the inmate's life takes precedence over the preservation of the crime scene.
 - 2) Safety for staff should be the first consideration in the initial response. If a staff member delays a response due to security reasons he/she must document the reasons in a detailed incident report.

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- b. Locked Housing Units (LHU-I & LHU-II):
 - 1) The first officer or person on the scene will call for help and/or notify the control room officer.
 - 2) The control room officer will notify the Command Post, Infirmary, and unit supervisor (if on shift). The Shift Commander will initiate emergency medical assistance procedures.
 - 3) One of the responding officers/staff will retrieve the medical kit, scissors or cut down tool (if inmate is hanging) and shield from their storage location.
 - 4) If the inmate appears to be incapacitated, and there are two or more officers/staff on the scene, two officers/staff will enter the inmate's location using the shield. If there are only two officers/staff on the scene and the situation appears to be non-life threatening or involves an inmate cutting himself, the officers will wait until additional help arrives.
 - 5) If the inmate is hanging, staff will immediately handcuff him with his hands to the front of his body and cut him down, with one officer lifting the inmate and the other cutting him down. The inmate will then be laid on the floor facing up and the officers/staff will initiate first aid and determine if cardiopulmonary resuscitation (CPR) is necessary. If the inmate is in fact non-responsive the handcuffs will be removed to facilitate the CPR process.
 - 6) If CPR is required, it should be initiated. Staff will use a micro shield (or an Ambu-bag if available) for the breaths, and an automated external defibrillator (AED) will be utilized when / if available. Once CPR is initiated staff will administer it until the inmate is revived or is pronounced dead by the attending physician or coroner.
 - 7) The two officers will assist with administering CPR and maintaining security.
 - 8) When infirmary personnel arrive they will assess the situation, provide direction and continue administration of CPR and any additional life-saving measures.
 - 9) As other staff arrive they will assist as needed, ensuring as much as possible that the crime scene is preserved, and provide additional information to the Command Post or the Infirmary.
 - 10) The Shift Commander will notify the Powell County ambulance service as needed.
 - 11) Based on the assessment of infirmary personnel the inmate will be put on a gurney and transported to the Infirmary or a waiting ambulance as quickly as possible, per emergency nursing protocols. Security escort will be provided per established procedures. CPR efforts will continue on the way to the Infirmary or waiting ambulance. Again: once CPR is started it will continue until the inmate is revived or is pronounced dead by an attending physician or coroner.
 - 12) The Shift Commander will ensure that the Duty Officer, Warden, the Associate Wardens, and the DOC Investigator are notified of the incident as soon as enough information has been gathered.
- c. Non-Locked Housing Units, Work Locations, or other Locations:
 - 1) If an officer/staff person is alone when they come upon an inmate who

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appears to be incapacitated, he/she will get help from other officers or staff and have them notify the Command Post and Infirmary of the situation and retrieve a medical kit and scissors or cut down tool (if inmate is hanging) from the secure storage location(s). He/she will then provide immediate assistance.

- 2) If the inmate is found hanging and nobody has arrived to help yet, the first responder will immediately retrieve scissors or a cut down tool, cut the inmate down, lay him on the floor facing up, initiate first aid, and determine if cardiopulmonary resuscitation (CPR) is required. If CPR is required, it should be initiated. Staff will use a micro shield (or an Ambu-bag if available) for the breaths, and an automated external defibrillator (AED) will be utilized when/if available. Once CPR is initiated staff will administer it until the inmate is revived or is pronounced dead by the attending physician or coroner.
 - 3) If a second officer/staff arrives on the scene with the first responder, he/she will notify the Command Post, Infirmary, and his/her immediate supervisor (if on shift) of the situation, and retrieve the medical kit, and scissors or cut down tool (if inmate is hanging) from the secure storage location(s). The Shift Commander will initiate emergency medical assistance procedures.
 - 4) If CPR is required, it should be initiated. Staff will use a micro shield (or an Ambu-bag if available) for the breaths, and an automated external defibrillator (AED) will be utilized when/if available. Once CPR is initiated staff will administer it until the inmate is revived or is pronounced dead by the attending physician or coroner.
 - 5) When additional staff arrive they will assist in administering CPR and help maintain security.
 - 6) Continue with steps 7 through 11 under locked housing units.
- d. Investigators:
DOC Investigative staff will initiate their investigation protocol, review incident reports, and interview staff as required.

H. Reports:

1. All staff involved in the identification or management of a self-harm / suicide incident are required to write detailed incident reports concerning their involvement and observations during the incident. These reports must be completed and delivered to the Shift Commander prior to their departure from the facility.
2. Incident report must be clearly written and will accurately describe the events that took place. If the response was delayed for security or other reasons the reasoning must be explained in detail in the incident report.

I. Notifications

1. Administrative (Warden or designee) and mental health staff are authorized to notify family members or significant others of potential, attempted, or self-harm behavior.
2. Completed suicides will be handled in accordance with *DOC 4.5.34, Offender Death*. Only the Warden or designee may notify next of kin of completed suicides.

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J. Review

1. The Associate Warden of Security will identify the administrative, medical, mental health, and correctional staff that are required to attend a Critical Incident Fact Finding Review (CIFFR) for all self-harm / suicide incidents, and ensure they are directed to attend. At the CIFFR staff will consider possible improvements to the procedures used to manage self-harm/suicide risk in inmates, and develop an action plan to implement recommended modifications / changes to practice and procedure.
2. The Department of Corrections Medical Director will conduct a formal mortality review of all suicides.

K. Stress Management

1. The DOC Critical Incident Stress Management Team may be deployed to MSP when there has been a suicide.
2. All staff directly involved in attempting to manage a suicide are required to attend a Critical Incident Stress Debriefing. Employee Assistance Program information will be provided.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Warden.

V. ATTACHMENTS

Suicide Signs, Symptoms & Risk Factors

attachment A

Montana State Prison Emergency Interview Questionnaire

attachment B

Suicide Signs, Symptoms & Risk Factors

NOTE: this is not a complete listing of all signs, symptoms, and risk factors for the detection of self-harm potential, therefore it is important that you contact someone from the Mental Health Department if you have any concerns that an inmate may be considering self-harm behavior.

Signs and Symptoms

- Inmate demonstrates a significant change in functioning.
 - Seems extremely sad or is crying.
 - Loses interest in or almost all people and activities. Withdrawn and non-communicative.
 - Loss of appetite.
 - Seems to be in slow motion; no energy.
 - Is tense, agitated, and can't seem to relax. Emotional outbursts and sudden anger.
 - Expresses pessimism, hopelessness, and helplessness.
- Inmate talks about suicide or verbalizes thoughts of wanting to be dead.
- Inmate packs up and/or gives his possessions to others.
- Inmate appears calm after a period of agitation or depression.

Risk Factors

- Has a history of suicide attempts.
- Placed in segregation.
- Recent death or serious illness of a family member.
- Loss of family support due to divorce or family relocation.
- Denied parole; convicted of a new crime; facing detention time.
- Has a long sentence.
- Will be leaving soon after serving a lengthy sentence.
- Has been sexually assaulted.
- Has been having problems with his peer group/friends.
- Has a serious mental illness such as depression or schizophrenia.
- Has a language barrier or disability resulting in him being isolated.
- Has a significant anniversary date approaching.

Montana State Prison Emergency Interview Questionnaire

Complete sections A through G before calling the emergency on-call clinician through the Command Post. Be prepared to read the form to Command Post staff and the on-call clinician. Send copies of the completed form and related documents to the Command Post & Mental Health Department.

A. General Information:

Inmate Name and ID# _____

Staff Name: _____

Date: ____/____/____ Time: _____ hrs. Unit: _____

B. Nature of the Emergency:

Describe what makes this an emergency:

- ☐ Threat of suicide
- ☐ Threat of self-harm
- ☐ Out of touch with reality
- ☐ Bizarre behavior
- ☐ Dangerous/disruptive behavior
- ☐ Place on a BMP or section G

C. Statements from the Inmate:

What did the inmate say to you? _____

What has staff reported about the inmate? _____

D. Inmate appearance:

How does the inmate appear?

- ☐ Normal ☐ Angry ☐ Sad
- ☐ Tearful ☐ Happy ☐ Other _____

E. Inmate behavior:

How did the inmate act out? _____

When you talked to him was he:

- ☐ Cooperative ☐ Uncooperative
- ☐ Hostile ☐ Suspicious

F. Motive/Security issues:

Why did the inmate say he was acting out?

- ☐ To change housing.
- ☐ Has issues with other inmates.
- ☐ Sex offender issues.
- ☐ Not getting along with his cell/block/pod mate(s).
- ☐ Anxiety about being in prison / living in MDIU.
- ☐ Other _____

Explain: _____

Please fill out Section G for suicide or self-harm:

G. Suicide or self-harm intent:

1. Does the inmate say he has a plan to kill / hurt himself?

- ☐ Yes ☐ No

If yes, what is his plan: _____

2. Does the inmate have a way to kill or hurt himself that is available to him?

- ☐ Yes ☐ No

If yes, what is the method? _____

3. Does the inmate say he has a history of hurting himself or attempting suicide?

- ☐ Yes ☐ No

If yes, when was his last attempt? _____

How did he hurt himself? _____

4. When does the inmate say he plans to hurt/kill himself?

- ☐ Immediately ☐ In the future

☐ Doesn't know ☐ Other: _____

5. If his plan isn't immediate, does he say he is able to wait until morning (if this is after hours) to talk to mental health staff?

- ☐ Yes ☐ No

6. Is there anything he says that security or other staff can do to alleviate his stress? ☐ Yes ☐ No

If yes, what? _____

Please fill out Section H after you have talked to Command Post and Mental Health staff.

H. Outcome:

Mental Health person contacted:

Mental Health and / or Staff Comments:

Staff Signature: _____

